

Passed March 1814
W. S. H.
Dean

and

Medical Dissertation

on

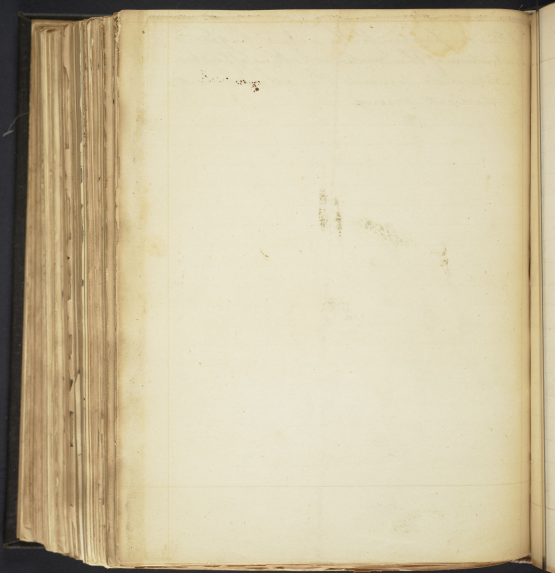
Hepatitis

by

Edward Hatton

of

Virginia.



To

Robert L. Armstrong M.D.

From a deep sense of the many obligations which I owe to you, for the many indefatigable exertions, in promoting my advancement in the medical Profession, I am induced to dedicate this inaugural dissertation, as the strongest testimony of my sincere regard, and esteem. This discourse imperfect as it is, I submit to the inspection of the honourable faculty in the University of Pennsylvania. - I have the honour to be sir, your Obedient, and Devoted.

Edward Hutton

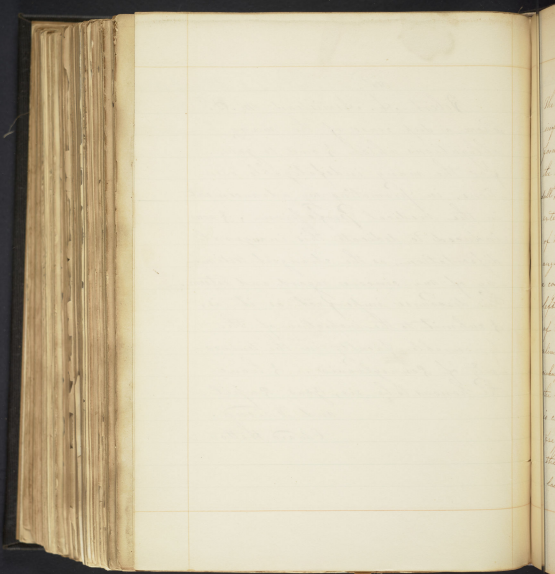
Handwritten notes in cursive script, including the word "Sample" and some numbers.



Partial view of handwritten text on the adjacent page to the right.

Hepatitis.

The liver is liable to acute and chronic inflammation. the symptoms of the former are chilliness, preceding pain in the right side, which is either sharp or dull, alternately the one and the other; extending to the back, scapula, and top of the right shoulder, which is much augmented by pressure; accompanied with a cough, and difficulty in lying on the left side, this is also occasionally the seat of the pain; as the disease advances, the alimentary canal becomes disordered, nausea, sickness, and vomiting of bilious matter: and the bowels are generally constipated. there is considerable fever with a strong, full, frequent pulse, the skin hot and dry, the tongue is incrusted with a yellow-lan, or white fur, anorexia, great thirst,

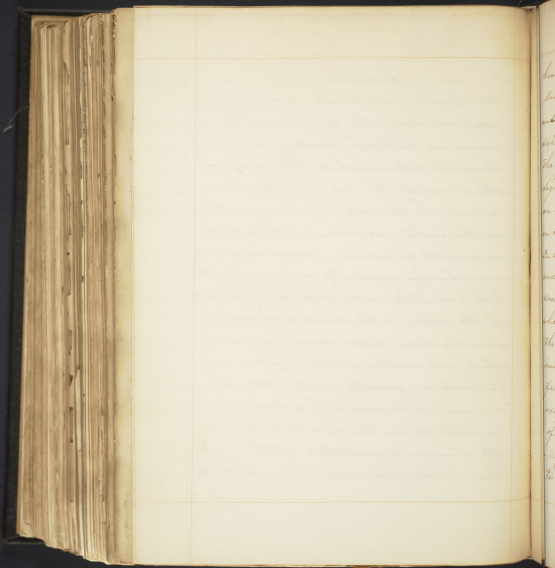


headach, after a continuation of the disease for several days the urine, skin and eyes sometimes become tinged of a dark yellow colour. -

The symptoms are not of the same degree of violence in this disease. there are cases in which the fever is very high, in others it is scarcely perceptible.

In some instances the pain is very acute, and violent, in other cases, upon dissection a collection of matter has been found where no pain was perceived. - -

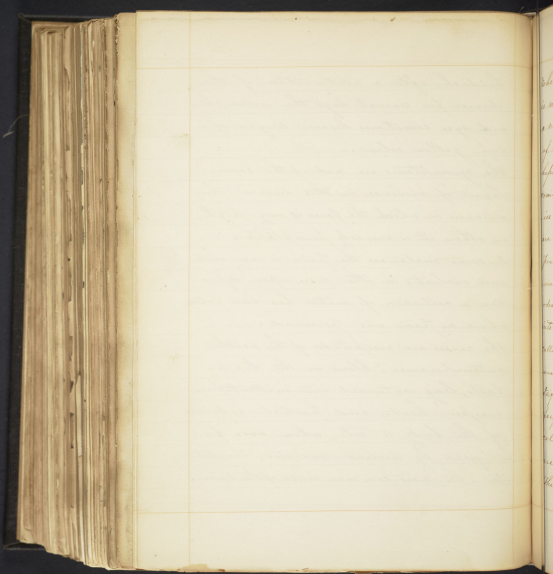
The causes are vicissitudes of the weather, intemperance, blows on the head, falls, long continued intermittent fever, excessive heat, and partial exposure of the body to cold, when over fatigued by violent exercise, the latter is the most common cause of the disease.



When the inflammation is violent there is more or less disturbance in the primæ viæ caused by an increased secretion of bile, which is carried through the hepatic, and cystic ducts into the ductus communis cholelæochus, which canal empties into the duodenum: these ducts are often obstructed by biliary calculi preventing the secreted fluid which is generally profuse from passing into the duodenum, and thus causing it to be taken into the circulation, producing a disease called Icterus, which is not of rare occurrence in Hepatitis.

Inflammation of the liver is of more frequent occurrence in warm than in cold climates; miasmatic countries are particularly liable to it.

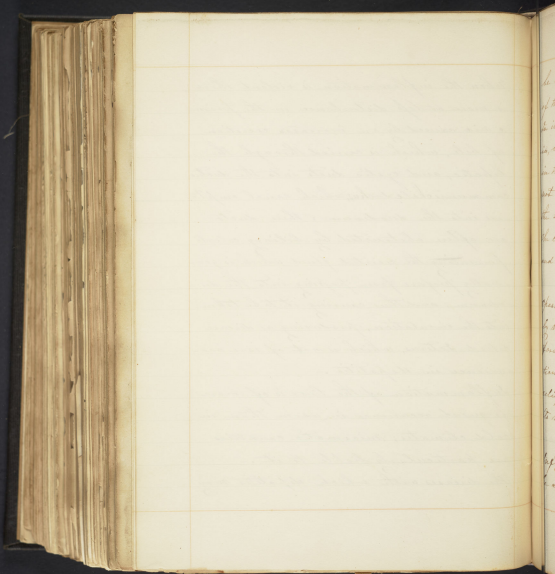
The diseases with which Hepatitis may



be confounded, are Pneumonia, Spasm of the cystic duct, and Gastritis. In its early stage it resembles Pneumonia, but may be distinguished by the pain in the latter disease being violent, and not extending to the clavicle, and top of the shoulder as is the case in hepatitis. The cough in Pneumonia is considerable, and attended with copious expectoration.

Spasm of the cystic duct, is distinguished by nausea, the patient bending his body forwards on his knees, it being a position in which he experiences most relief, and the pulse remaining at its natural standard.

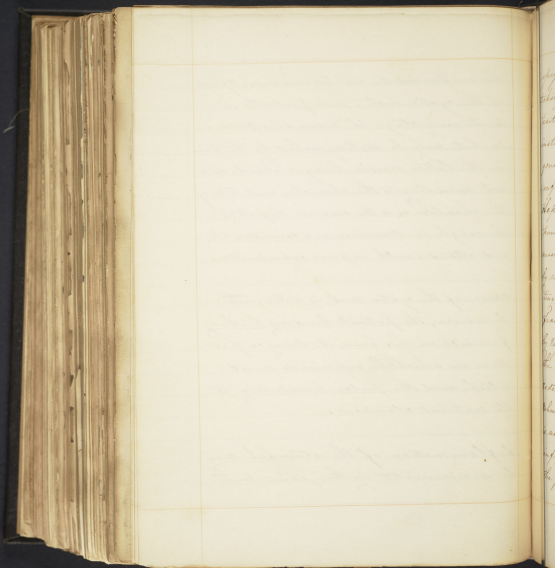
Inflammation of the stomach may be discriminated by the pain in the



epigastric region being increased upon
taking any thing into the stomach,
particularly warm drinks which are
instantaneously thrown up, followed
generally by great prostration of strength.
—

Hepatitis may end by resolution, sup-
puration, gangrene, or scirrhus. The
most frequent termination with us is
by resolution, it goes off either by swea-
ting, by alvine discharges, by hemorrhage
from the nose, or hemorrhoidal vessels;
by erysipelatous inflammation, or by
the urine which deposits a laticitious
sediment. —

When the disease runs to suppuration, which
is not a frequent occurrence with us, the
inflammatory symptoms gradually decline,
the fever takes on the intermittent type,

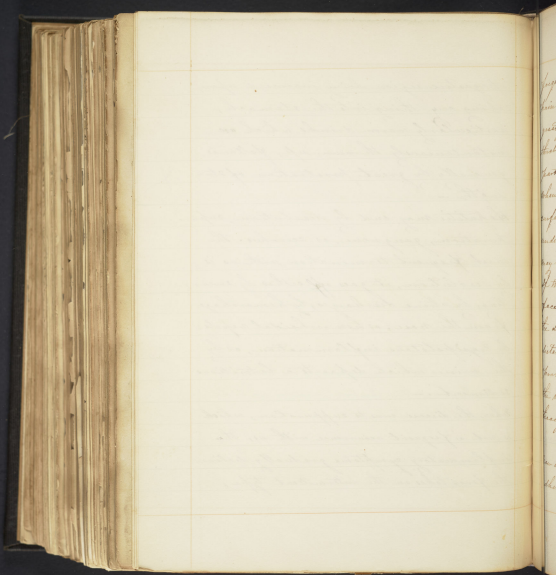


Frequent rigors, or shivering occurs. - the pain is augmented and the patient is greatly distressed by the pulsation as throbbing, and weighty sensation in the part. -

When the abscess forms on the concave surface of the liver, it generally projects under the false ribs, and the fluctuation may be perceived. -

If the abscess forms on the convex surface of the liver, the matter corrodes the diaphragm, enters the thorax, and distends the pleura, which is occasionally protruded through the interstices of the ribs, and the matter may be felt through the integuments. -

Now and then the inferior lobe of the lungs adheres to the diaphragm, at the part, which

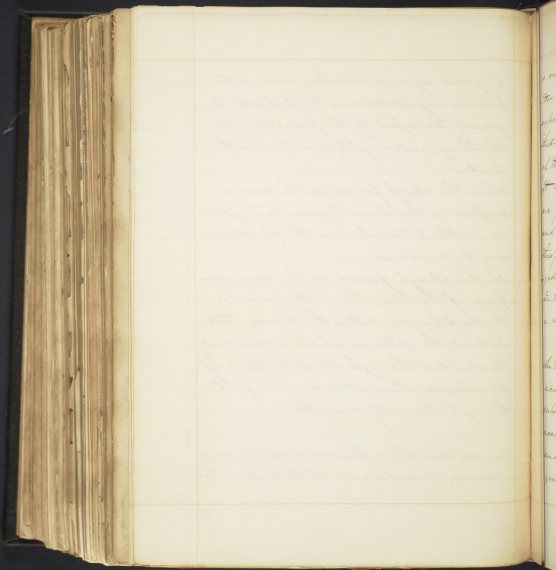


is connected with the abscess, and the matter is discharged through the bronchia, by expectoration. It is not unfrequently that the matter is effused into the cavity of the thorax forming Empyema.

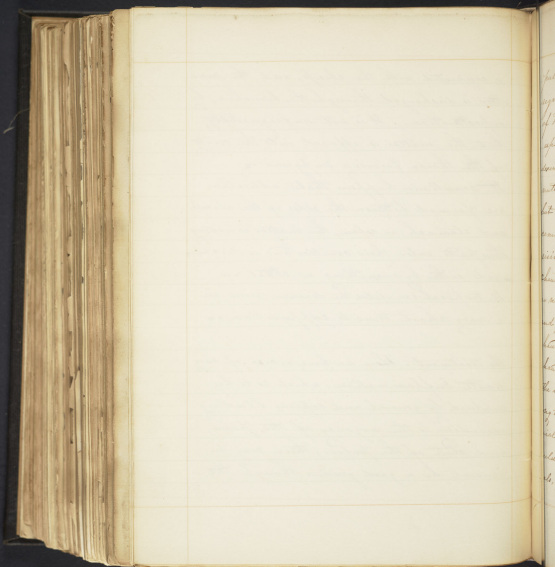
It sometimes happens that adhesions are formed between the sides of the abscess, and stomach, or colon, the matter corroding these parts enters their cavities and is discharged either by vomiting or stool.

In tropical countries the disease runs in a very short time to suppuration.

The treatment. Here we have a case of very acute inflammation: which is to be subdued by general and copious bleeding according to the urgency of the pain, and state of the pulse; there may in general be a good guide, though the



pulse is not in every instance to be
 regarded, as there are particular states
 of the pulse which may lead into error
 especially the oppressed pulse, this pulse
 depends as low, as ²thick strokes in the mi-
 nute it resembles the weak typhus pulse,
 but differs from it by occurring in the
 commencement of acute diseases, and
 rising after resuscitation, or purging.
 Should the pain continue with little
 or no abatement, the pulse strong, hard,
 and frequent after the bleeding, it
 should again be resorted to: the blood
 should be drawn from a large orifice.
 The bleeding should be regulated accord-
 ing to the strength of the patient, and
 violence of the attack: this remedy sho-
 uld be repeated at no distant inter-
 als, provided the disease is not dispo-



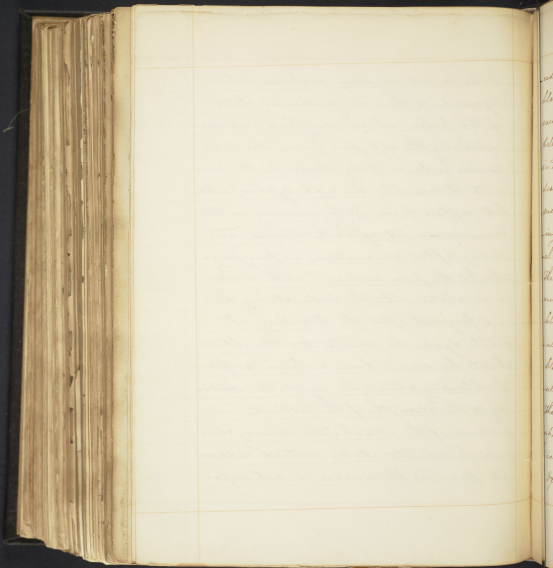
-red to yield. - Purging, and topical
bleeding by cups, or leeches are next to be
used as auxiliaries to the lancet. -

calomel is generally preferred as a purgative
in this disease. It should be given in large
doses twelve, or fourteen grains of this
medicine should be taken in the morn-
-ing, and washed off by some of the most
-al salts the next morning. -

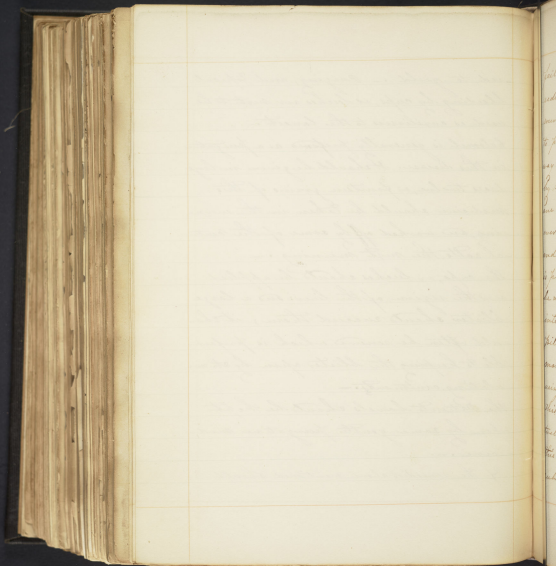
The cups, or leeches should be applied
over the region of the liver: and a large
blister should succeed them; it sho-
-uld often be renewed which is prefera-
-ble to keeping the blister open by stim-
-ulating ointments. -

The Patient's bowels should be kept
open by some gentle purgative med-
-icine. -

If the remedies above mentioned should

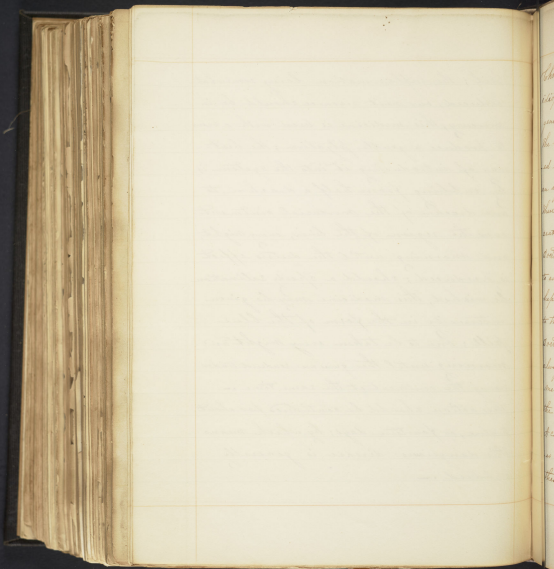


fail; the inflammation being somewhat
 reduced, our next resource should be in
 mercury, this medicine is used with a view
 to produce a gentle ptyalism; the best
 way of introducing it into the system is
 by rubbing from half a drachm, to
 one drachm of the mercurial ointment
 over the region of the liver, every night,
 and morning until the desired effect
 is produced; should a speedy salivation
 be wished, this medicine may be given
 internally in the form of the blue
 pill; one to be taken every night and
 morning until the gums are rendered tender
 using the ointment at the same time. —
 This action should be continued for about
 twelve, or fourteen days; by which means
 this dangerous disease is generally
 subdued. —



Chronic Hepatitis. This disease is either idiopathic or symptomatic. The former generally arises from ill cured acute hepatitis. The latter from any external violence applied either directly to the part or indirectly as an injury on the head. -

There are various opinions existing, as to the seat of acute, and chronic hepatitis. Doctor Saunders supposes the former to be owing to an inflammation of the branches of the hepatic artery, and the latter to be owing to the same state of the vena portarum. Doctor Cullen states that acute hepatitis is always an affection of the external membrane; and the chronic that of the parenchymatous substance of the liver. I concur with the latter gentleman; however it is of no great importance which of these opinions are correct in a practical

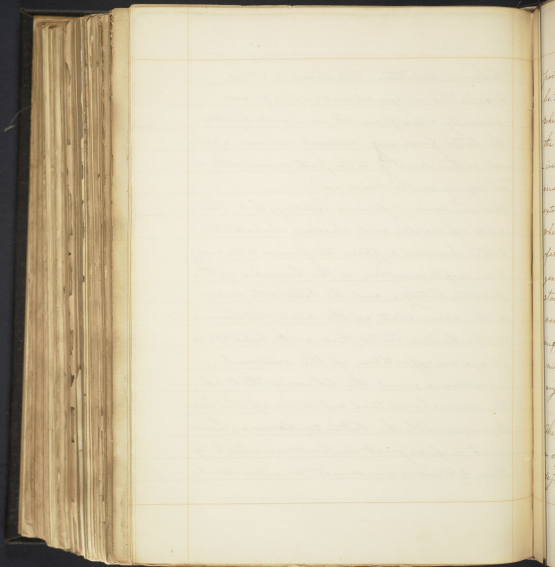


point of view, as the treatment would be the same in both cases. —

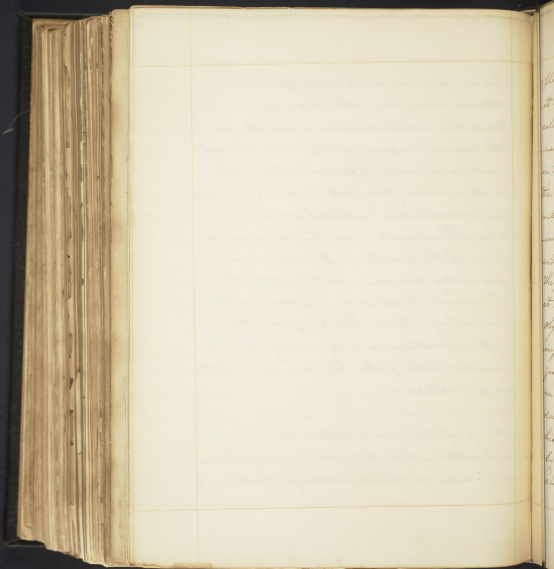
when the inflammation is seated on the convex surface of the liver; the respiration is more difficult, the cough and a more pungent pain is produced, extending to the right shoulder. —

when the disease is on the concave surface of the liver the inflammation generally communicates with the stomach, producing nausea, and vomiting. from this surface the inflammation is very readily communicated to the gall bladder, and biliary ducts. —

The symptoms are a sallow complexion, a dry skin, loss of appetite, indigestion, dejection of spirits, giddings, vertigo,



flatulence, with pain and oppression
 at the scrobiculus cordis; the urine is high
 coloured depositing a lateritious sedi-
 -ment; clay coloured stools, obtuse pain
 in the region of the liver, extending to
 the top of the right shoulder; together
 with a sense of weight, and oppres-
 -sion of the liver frequently attended
 with a difficulty of breathing. -
 The pulse is sometimes quick and full,
 at others hard and chorded. - If the
 physician should not be able to dis-
 -tinguish the disease by the symptoms
 just enumerated, he should make
 an examination, which should be
 done by placing the patient on
 his back, with his legs drawn up,
 by which means the muscles of the
 abdomen are relaxed; as this is the

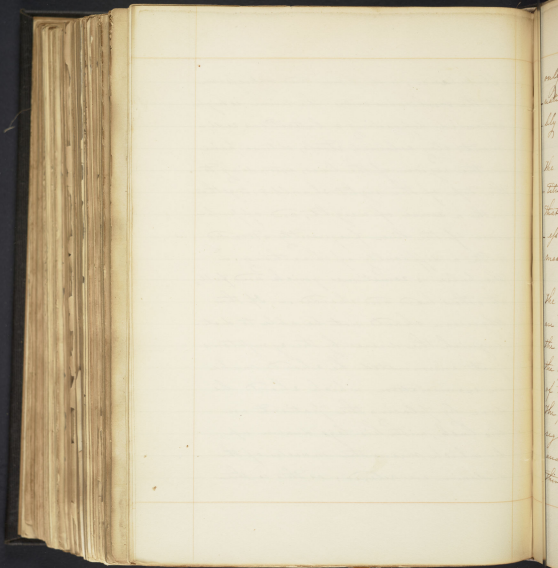


only way by which a correct examination can be made, it should invariably be resorted to. --

The causes which produce chronic hepatitis, are essentially the same as those that produce the acute; I mean humors, heat, and miasmata are the most common. --

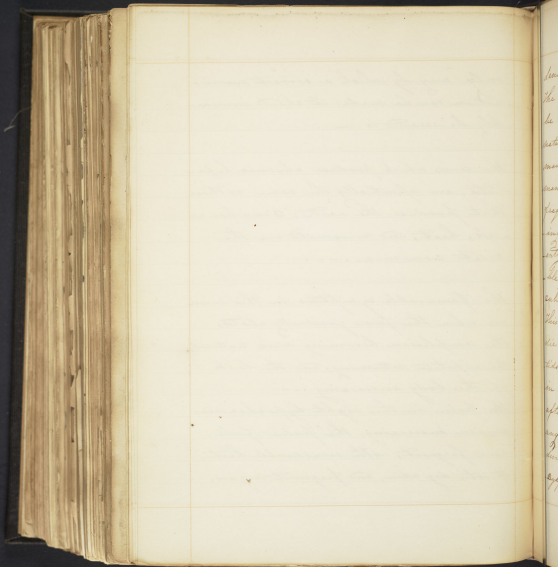
The favorable symptoms in this disease are when the fever gradually abates, the complexion becoming more natural, the appetite returning, and the bulk of the body increasing. --

The pain in the right hypochondriac region increasing, the pulse full and frequent, with considerable heat, thirst, dry skin, and frequent rigors,



denote approaching suppuration. --
 The liver an ²operation is found to
 be of a much deeper purple than
 natural, and much enlarged with
 more or less inflammation of its
 membranes; which will be found
 frequently adhering to the surround-
 -ing parts: large abscesses are frequ-
 -ently found containing a considera-
 -ble quantity of pus formed in its
 substance. --

This viscous is found in some who
 die to resemble honey-comb. hyda-
 -tids, and worms are sometimes found
 in it. It is also occasionally found
 after death to be indurated, without
 any symptoms of its being diseased
 during the patient's existence, except
 dyspepsia, with which he was tract-

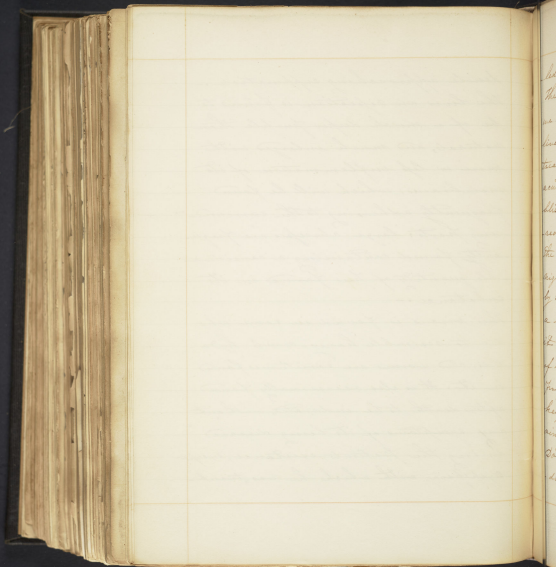


led. -

The cure of Chronic hepatitis. When we are induced to believe that the liver has not materially suffered, the treatment is similar to that in the acute stage, as bleeding, purging, and blistering; Calomel should be preferred as a purgative, it is given in the dose of ten or twelve grains at night, and worked off the next morning by some of the neutral salts. -

a blister is here an excellent remedy, it should be applied over the region of the liver, as I before stated it is preferable to reapply the blister, to keeping it open by stimulating ointments. -

Doctor Lomberton extols the Sanguiferous in chronic inflammation,

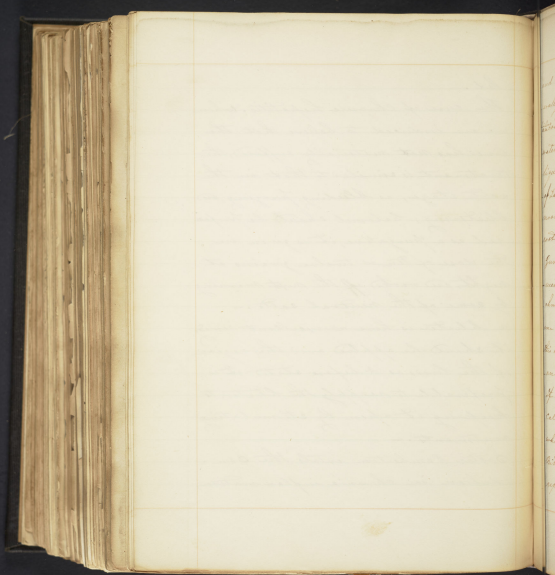


and insipid scorbuts of the liver; it is generally given in decoction, which is made by taking ^{an ounce} of the sliced root in a pint of water down to half a pint; after the liquor is strained add one drachm of cream of tartar; the dose is one ounce morning, noon, and night: the full grown recent root should be used. --

Gum ammoniac has also been used as a discutient; one drachm subbed with half a drachm of camphor, and divided into six pills. one to be taken every morning, and evening. this is a convenient way of giving the ammoniac. --

If this course fails, we should resort to Calamel in small doses, as an alterative; which generally succeeds. --

Nitric acid has of late acquired high repute with some practitioners, in --



3
chronic hepatitis: It is given in doses to the
amount of two drachms in the day.

The Nitro-Muriatic acid is also used;
it should be rubbed on the thighs, by
which means a slight salivation will
sometimes be induced. —

Opium is given to allay pain and procure
rest. —

The diet in the acute stage, should be
sparing. In the chronic form a more
nourishing diet should be allowed. —

